Official Newsletter of the Canadian Public Health Association

CPHA health digest

Spring 2007 Volume XXXI, Number 1

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BOARD OF DIRECTORS UPDATE

A New Strategic Plan for CPHA

The Canadian Public Health Association (CPHA) will celebrate its centenary in 2010. This is an exciting and important milestone for CPHA. During the Association's history, public health has often lacked public profile and awareness. However, the perception of public health is changing, likely as a result of public health issues that have captured media attention in recent years, like the Walkerton crisis, SARS, West Nile Virus, and the threat of pandemic influenza.

With greater attention on public health issues, it is clear to the CPHA Board of Directors that there is an opportunity to strengthen the position of CPHA as the voice of public health in Canada. As Chair, I can tell you that the Board is committed to having CPHA recognized as one of the premier public health organizations in Canada and acknowledged as a leader in the promotion and advocacy of important public health issues.

As we move towards our centenary, we can look back with pride at the work we have accomplished. This past year, we have introduced a new governance model and a strong Advisory Council. As well, the Board has recently reviewed CPHA's mission, positioning, vision, distinguishing characteristics and strategic objectives. The result is a new strategic plan for CPHA with desired outcomes for 2017 and the distinguishing characteristics that CPHA will need to demonstrate in order to be successful in the future.

The Board has identified five objectives that will act as the building blocks as CPHA looks to the future. These include:

1. Expanding and exploring revenue streams for CPHA outside of large, long-term government projects;
2. Strengthening collaborative relationships and partnerships to ensure CPHA is effective in moving public health issues forward;
3. Mobilizing stakeholders on public health issues through awareness campaigns;
4. Enhancing capacity in the public health sector by helping to make public health a career of choice; and
5. Developing appropriate strategies and resources, including advocacy, to influence the evolution of a cross-jurisdictional approach to public health.

Ron de Burger, Chair, CPHA

Obviously, these objectives are interlinked and their successful completion is heavily dependent on the organization having a solid financial base.

I know that with your continued support for the Board, public health will be successful in being recognized as the essential foundation of our health system, and CPHA will be recognized as the authoritative non-governmental voice for public health in Canada.

Ron de Burger, Chair
CPHA Board of Directors

Public Health in Canada:
From Politics to the People

La santé publique au Canada :
des politiques aux êtres humains

www.cpha.ca

Canadian Public Health Association 2007 Annual Conference

Together with 1st Canadian Public Health Geomatics Conference
September 16-19, 2007
The Westin Ottawa / Ottawa Congress Centre
Ottawa, Ontario

In partnership with the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health and the Public Health Agency of Canada.

In association with the Ontario Public Health Association.

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Canadian Public Health Association

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO'S COLUMN

A CPHA Update

Spring – a symbol of fresh starts and new beginnings. At CPHA, spring is an exciting time of new projects and planning for the upcoming year. Since we have so many exciting initiatives at CPHA this year, I thought I would take this opportunity to highlight a few of the latest happenings.

2007 Annual CPHA Conference

This year, the CPHA annual conference will be held at The Westin Ottawa/Ottawa Congress Centre in Ottawa, Ontario from September 16-19, 2007. Themed "From Politics to the People," it will be an exciting event for our members to attend. This year, the conference will be jointly held with Canada's first Public Health Geomatics Conference: Geographic Information Systems (GIS) in Public Health.

CPHA and its partner organizations are committed to hosting a conference that will highlight the importance of public and population health in Canada. This conference will be an excellent opportunity for public health professionals to share their programs, research, policy and practice and will give everyone an opportunity to emphasize the intra-jurisdictional nature of public health. Planning is well underway and I encourage all our members to mark their calendars in anticipation of attending this year's conference.

Early Detection and Reporting Course for Health Professionals in Canada

The Immunization and Respiratory Infections Division of the Public Health Agency of Canada (PHAC) has funded CPHA to develop, promote and deliver an accredited course for front-line and public health physicians in Canada. The course will assist in increasing Canada's capacity to detect, report and contain emerging and re-emerging infectious diseases of public health significance. The project will be supported by an Advisory Council. Details on this exciting new project can be found on page 4 of this issue.

The Public Health Workforce Development Products and Tools

The Canadian National Specialty Society for Community Medicine (NSSCM) is the only society in Canada that represents community medicine specialists and public health physicians. CPHA as the Secretariat for the NSSCM is pleased to announce that a new project has been approved by the Public Health Agency of Canada, Workforce Development Division. The objective of the project is to develop and use training tools and activities that will support the continuing professional development of community medicine specialists and public health physicians, and subsequently lead to a stronger public health workforce.

Director of Communications

As CPHA implements its new strategic plan and visual identity, it became clear that CPHA needed to focus more efforts on communications. As a result, I am pleased to announce that CPHA has hired Maureen Hartigan as Director of Communications on a one-year contract. Maureen has most recently been the project Director for CPHA's project, Strengthening Communications Capacity in the Non-Governmental Sector for Pandemic Influenza. We are looking forward to working with Maureen in her new capacity.

Janet MacLachlan
Acting Chief Executive Officer

Flu Pandemic Communications Toolkit – Available Now

Prevent. Prepare. Protect. Three words to motivate Canadians to take action. To ready organizations and individuals for the next influenza (flu) pandemic.

The Canadian Public Health Association (CPHA), with funding from the Public Health Agency of Canada, has just completed a one-year project, the goal of which was to enhance preparedness for a flu pandemic by building the communications capacity of the non-governmental sector. Three objectives were implemented to help attain that goal: i) establishment of a non-governmental communications network; ii) development of a toolkit of materials about flu pandemic planning; and iii) dissemination of the toolkit via the network.

These three objectives have been met by CPHA. The Pandemic Health Alert Network has 16 national members, room for growth, and an interest in expanding. The *Flu Pandemic Communications Toolkit* offers a range of materials to inform and empower Canadian individuals and organizations to take action. The toolkit is available now to network members and the general public – in English and French, online and in hard copy.

The toolkit's purpose is to raise public awareness about the risk of a flu pandemic and how to plan for that eventuality. Its focus is on non-medical interventions. These are basic public health practices that we can all take to prevent the spread of infection, prepare to cope in an emergency, and protect ourselves during a flu pandemic.

Prevention, preparation and protection are the three action areas around which the toolkit's content and messaging were created. The toolkit was developed primarily for organizations but includes materials that are suitable for the general public. Accompanied by an easy-to-follow User Guide, the toolkit is made up of "tools for everyone" as well as "tools for organizations."

The "tools for everyone" are five plain language fact sheets and three short videos that provide basic, action-oriented information about how to plan for a flu pandemic. The "tools for organizations" include: a poster for workplace bulletin boards, an issue brief about the risk of a flu pandemic and importance of business continuity planning, a set of risk communication guidelines, a template article for an organization's newsletter or website, and a template news release.

FLU PANDEMIC COMMUNICATIONS TOOLKIT
TROUSSE D'INFORMATION SUR LA PANDÉMIE DE GRIPPE

Check out the toolkit online in English at www.pandemic.cpha.ca or in French at www.pandemie.cpha.ca. It is also available in hard copy from CPHA. To order a copy, please contact Maureen Hartigan, Director of Communications, at mhartigan@cpha.ca or 613-725-3769. ■

Notice to Members

Dr. Greg Taylor, A/Director General, Centre for Chronic Disease Prevention and Control at the Public Health Agency of Canada, was CPHA's Interim CEO in March, however he was recalled to the Agency. Ms. Janet MacLachlan, Associate CEO of CPHA, has agreed to take over as Acting CEO. Recruitment for a permanent CEO is underway, and the Search Committee, established by the Board, is committed to having a new CEO in place in advance of CPHA's conference this fall. ■

Invitation to CPHA Members

The Canadian Public Health Association's Nominating Committee is seeking expressions of interest from CPHA members who would consider serving on the CPHA Board or one of its committees.

This is a general invitation to anyone who might be interested in offering their services this year or sometime in the future. Generally, there are openings available on a variety of different groups and committees, and CPHA is always seeking volunteers from a range of public health backgrounds.

As you know, the CPHA Board of Directors is a skills-based governance board. This year, the Board will be releasing a call for nominations with a particular focus on the following skills:

- **strong policy orientation**
- **business development**

If you are interested in specific opportunities for involvement, or simply want to learn more about what is involved, the Committee encourages you to send a short resume to the Nominating Committee c/o Caroline Baskerville at 613-725-3769 ext.183 or cbaskerville@cpha.ca ■

New Early Detection and Reporting Course for Health Professionals in Canada

During the SARS experience of 2003, Canadian laboratories faced challenges coordinating infectious disease testing and outbreak response activities and linking to epidemiologic data. The follow-up recommendations included a call for Canada to initiate an active and collaborative laboratory surveillance system to anticipate, detect and respond to infectious disease threats. The proposed system is based on improved integration of front-line laboratories into the public health system. With the release of Canada's Pandemic Influenza Plan in 2004, it was recognized that front-line health care workers and local public health authorities are important components in the detection of influenza in communities. It was also acknowledged that most physicians would need guidance on the identification of a pandemic influenza, reporting protocols and caring for patients in that context. Analysis in light of both the SARS experience and the threat of pandemic influenza also confirmed that there was a need for physicians and the medical health community to be made aware of public health responsibilities under the World Health Organization's revised International Health Regulations (IHR 2005) which come into force on June 15, 2007.

The Immunization and Respiratory Infections Division of the Public Health Agency of Canada (PHAC) has funded CPHA to develop, promote and deliver an accredited course for front-line and public health physicians in Canada. The course will assist in increasing Canada's capacity to detect, report and contain emerging and re-emerging infectious diseases of public health significance. It will be developed through consultation and consensus-building to meet national surveillance and laboratory requirements as well as international surveillance requirements in light of the revised International Health Regulations. It is anticipated that the course will be launched in late fall 2007.

To functionally and effectively link primary care with specialized laboratory services and the larger public health system in Canada, endorsement of the course will be required from bodies that award accreditation of medical education for Canada's public health physicians and primary health care physicians. CPHA is working collaboratively with several levels of authority to meet the requirements of the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, la Fédération des médecins omnipraticiens du Québec, provincial and territorial health departments, the Canadian Public Health Laboratory Network and PHAC.

CPHA is working with the assistance and support of an Advisory Council. Membership consists of representation from:

- Canadian Medical Association,
- Canadian Public Health Laboratory Network,
- College of Family Physicians of Canada,
- Council of Chief Medical Officers of Health,
- Fédération des médecins omnipracticiens du Québec,
- First Nations and Inuit Health Branch, Health Canada,
- Public Health Agency of Canada,
- Royal College of Physicians and Surgeons of Canada,
- Urban Public Health Network, and
- Other organizations to be announced.

This Council held its initial meeting in Ottawa on March 27, 2007. Full-day discussions and input from all members have given the project team a clear direction on how to achieve its goals.

CPHA is developing web-based and paper-based versions of the accredited course in both official languages and will develop a train-the-trainer program that will be adapted to the provincial and territorial context. The curriculum is being developed so that it can be updated regularly or be enhanced to integrate further modules on other specific emerging infections. The curriculum will cover early detection and reporting of emerging infectious disease, and detection and reporting requirements for avian influenza and pandemic influenza. Important work has been completed through Canada's Pandemic Influenza Committee towards the development of national core reporting tools which will be included in the curriculum.

With this accredited program in place, Canada will be in a better position to meet its public health responsibilities as specified by the World Health Organization's revised International Health Regulations.

Stay tuned for updates from the project team! For more information, feel free to contact the Project Director, Mr. Don Lapierre (dlapierre@cpha.ca) at 613-725-3769, ext. 166. ■

Special Members Meeting

On the morning of January 26, 2007, a Special Members Meeting was held at the Lord Elgin Hotel in Ottawa. The purpose of the meeting was to discuss a single issue dealing with the review and amendment of Clause 11 of the by-law, which stipulated that the Annual General Meeting of the Association be held within 15 months of the preceding annual meeting.

The following motion was passed unanimously by the 32 members present.

The annual meeting shall be held at a date and time determined by the Board but in no circumstances shall it be held more than eighteen (18) months after the preceding annual meeting.

On behalf of the Board of Directors, we extend our thanks to the members who attended the meeting on what turned out to be the coldest morning of the winter! ■

CPHA: New look and a new website

One of the main goals of CPHA is to promote the improvement of personal and community health, not only in Canada, but around the world. As noted earlier in this issue of the *Digest*, CPHA has a new strategic plan that will provide a road map to the future – one that will have CPHA recognized as one of the premier public health organizations in Canada and acknowledged as a leader in the promotion and advocacy of important public health issues.

As the Association looked to the future, it became clear that CPHA needed to reposition itself. In essence, CPHA's visual identity – its brand – needed to be carefully updated, refined and modernized to better reflect the Association's vision. As a result, last fall, under the direction of the Board of Directors, CPHA staff began work on an updated visual identity and website for CPHA.

The new brand and website will assist CPHA in creating greater awareness of public health issues and help the Association have a larger impact in the health community and with the general public. Given that CPHA has a new strategic plan, there is an opportunity to reposition CPHA, heighten the Association's visibility, and have a brand and website that better reflect CPHA as a forward-thinking organization on the move.

In order to involve various stakeholders in the rebranding process, staff developed a branding and market positioning questionnaire which was distributed in mid-November. The questionnaire was designed to gather information and impressions from a variety of CPHA's members, staff, board members and partners regarding the strengths and weaknesses of the current brand. The findings of the survey confirmed that the existing logo and website do not accurately reflect CPHA. However, respondents did emphasize the Association's history and excellent reputation as two of CPHA's greatest strengths.

Staff took this feedback into consideration as the new brand was developed. Efforts were made to strike a balance between updating, refining and modernizing the CPHA brand, while still maintaining a sense of history and longevity. The new visual identity and website were presented in January to the CPHA Board, who gave their approval for staff to proceed with the updated look and feel. Staff are continuing to work on these, and the new brand and website will be unveiled at the CPHA conference in September. For those of you interested in a sneak peek, please visit **www.cpha.ca/redesign/20070214.jpg** to see the new logo and **www.cpha.ca/redesign/home.htm** for the new web design.

Should members have any comments about the new visual identity or website, please contact our Director of Communications, Maureen Hartigan. She can be reached by phone at 613-725-3769 or by e-mail at mhartigan@cpha.ca ■

New Interim Scientific Editor for CJPH

The CPHA BOD is pleased to announce the appointment of Dr. Gilles Paradis as Interim Scientific Editor of the *Canadian Journal of Public Health*, for a one-year term effective April 1, 2007.

We thank Dr. Jeanette Ward for her excellent work over the past year. Dr. Ward stepped down from the position of Interim Scientific Editor at the end of February as she took on the position of CEO of Canadian Health Services Research Foundation. ■

Coming *events*

National Healthcare Leadership Conference
Innovation in Health Services: From Local Leadership to National Performance
Canadian College of Health Service Executives and Canadian Healthcare Association
11-12 June 2007 Toronto, ON
Contact: Francine St-Martin
Manager, Conference Services
Canadian College of Health Service Executives
Tel: (613) 235-7219 or
1 800 363-9056 (ext. 12)
E-mail: fst-martin@cchse.org
www.healthcareleadershipconference.ca

The 19th IUHPE World Conference on Health Promotion & Health Education
Health Promotion Comes of Age: Research, Policy and Practice for the 21st Century
International Union for Health Promotion and Education
11-15 June 2007 Vancouver, BC
Contact:
E-mail: canada2007@iuhpeconference.org
www.iuhpeconference.org

Options for the Control of Influenza VI
17-23 June 2007 Toronto, ON
Largest international conference exclusively devoted to influenza, and covering every imaginable topic from basic science to health care policy.
Contact:
MediTech Media Conferencing, Inc.
www.optionsviconference.com

International Conference on Physical Activity & Obesity in Children: Science, Policy, Practice
Organized by the Canadian Fitness and Lifestyle Research Institute (CFLRI)
24-27 June 2007 Toronto, Ontario
Contact: CFLRI
Tel: 613-233-5528
Fax: 613-233-5536
E-mail: mcosta@cflri.ca
www.phe.queensu.ca/epi/obesity/index.htm

2007 CPHA Annual Conference
Public Health in Canada: From Politics to the People
In partnership with: CIHI-CPHI, CIHR-IPPH and PHAC
In association with: OPHA
16-19 September 2007 Ottawa, ON
Contact:
conference@cpha.ca
www.cpha.ca

5th National Conference on Tobacco or Health
Smoke Free: A World of Difference
Canadian Council for Tobacco Control (CCTC)
1-3 October 2007 Edmonton, AB
Contact:
CCTC
E-mail: conference2007@cctc.ca
www.ncth.ca ■

Healthy Lunches to Go Tour

The HIV/AIDS Affiliate to the Canadian Health Network (CHN), a program of the Canadian Public Health Association (CPHA), is proud to be a part of the **CHN Healthy Lunches to Go Tour**. Take the CHN Healthy Lunches to Go tour and find out how fast and easy it can be to pack healthy and delicious lunches for the whole family. This short tour offers nutrition information, tips on how to read food packaging labels, recipe ideas and fun interactive tools. It also looks at some of the roadblocks we all face in making healthy lunches part of our daily routine, and suggests simple steps for dealing with them. Visit www.canadian-health-network.ca and take the CHN Pledge for Better Health.

On the CHN Web site, you will find thousands of reliable e-resources, selected and updated daily, on how to stay healthy and prevent injuries and diseases. CHN is part of the Public Health Agency of Canada, a partner of CPHA's annual conference. ■

Health info for every body

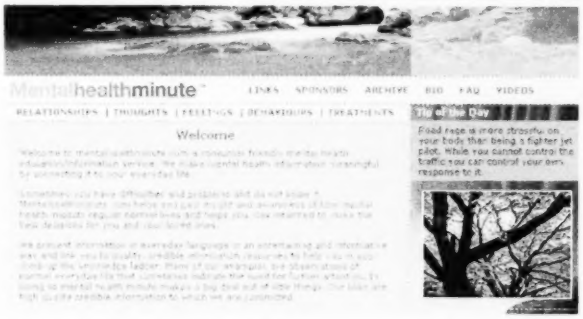
The Doctor Jean C. Nelson Memorial Award Recipient Announced

The recipient of the Dr. Jean C. Nelson Memorial Award for 2006 is Anastasia (Stasha) Donahue. She will receive a bursary of $2000.

Ms. Donahue received her Bachelor of Nursing from the University of Lethbridge in 1990 and is currently pursuing a Masters of Health Science via Athabasca University. She works for the Chinook Health Region as a Population Health Facilitator and is a district representative for the Alberta Public Health Association. Ms. Donahue, who is acting in a leadership role with the Alberta Social Health Equities Network (ASHEN), describes herself as being passionate about social determinants of health and equity in Alberta. She is interested in enhancing understanding of the determinants of health and how communities can work together to influence healthy public policy.

The Doctor Jean C. Nelson Memorial Award is made annually to a graduate student who best meets the criteria based on the late former Alberta Deputy Minister of Health and Social Services, Dr. Jean Nelson's commitment to community health and services for children.

Information regarding application for this award is available on the Alberta Public Health Association (APHA) website, www.apha.ab.ca. ■



Mental Health Resources at www.mentalhealthminute.com

A series of multimedia resources, including audio segments, consumer-friendly treatment guidelines, podcasts and vodcasts, have been developed to help educate consumers about mental health, mental illness, and treatment options. The project titled "*Improving Mental Health Services Through Informed Choice: A Bottom-Up Approach to Changing Provider Behaviour*", is funded through the Canadian Council on Learning. Project partners include: the National Network for Mental Health (NNMH – lead organization), Mood Disorders Association of Ontario (MDAO), Participants Council – North York General Hospital (NYGH), and The Ontario Association of Patients Councils (OAPC). Resources are available for free at: www.mentalhealthminute.com. For more information, please visit the website, or contact Enette Pauzé, Project Manager, (416) 809-4270, epauze@nnmh.ca ■

Board Task Force Recommendations on 2007 Resolutions

In 2006, the CPHA Board of Directors appointed a Task Force to review CPHA's resolution and policy development role and methods, with particular focus on member input. Task Force members included:

- Sheilah Sommer, Co-Chair of the Task Force and CPHA Chair 2006
- Cory Neudorf, Co-Chair, a Director and as of 2007 Chair Elect
- Brian Brodie, CPHA Member
- Brian Emerson, CPHA Member
- Catherine Donovan, CPHA Member
- **Denise DePape, CPHA Member**

The Task Force took a broad approach to the question of how an association like CPHA can develop policies and positions, and made three recommendations to the Board of Directors which were discussed and accepted at their meeting on January 25-27, 2007.

Recommendations:

1. Over the next year, the Board review how it establishes association policy and positions.
2. The Board consult CPHA members and moderate a discussion at the Annual General Meeting (AGM) in September 2007 on this topic.
3. As an interim measure while discussions are continuing, the Board issue a Call for Draft Resolutions based on the strategic directions and priorities identified by the Board. The latter are based on input from members and CPHA's Advisory Council, to be circulated in 2007 for consideration by members at the September 17, 2007 AGM.

In keeping with the third recommendation, the *Invitation to Submit 2007 Resolutions* for the Board of Directors review follows on page 8. Note that at this time, the Call is directed particularly, but not exclusively, at resolutions and calls for action related to CPHA's strategic directions and priorities. Should you have any questions, please do not hesitate to contact me at rdeburg@cpha.ca

Ron de Burger
CPHA Chair

CPHA / CFPC develop guides for "Family Physicians' Preparedness for Pandemic Influenza"

The Canadian Public Health Association (CPHA) and the College of Family Physicians of Canada (CFPC) have developed two practical guides to increase family physicians' readiness for pandemic influenza: "Preparing for Pandemic Influenza – What Family Physicians Should Know" and "How to Maintain Your Family Practice During Pandemic Influenza."

Family physicians play a major role in planning for and managing pandemic influenza. These guides promote collaboration between primary care and public health providers.

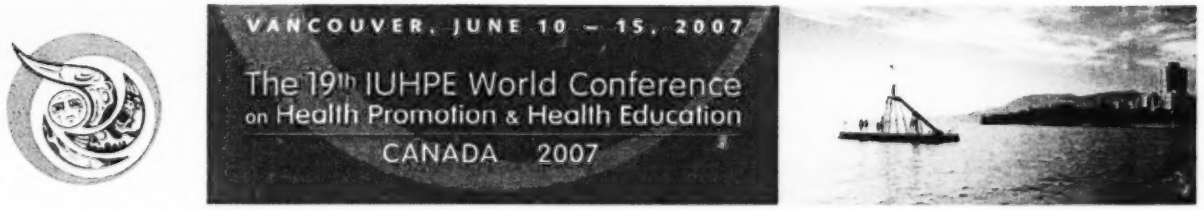
The guides outline important steps that family physicians should follow to ensure that their practice is prepared for a pandemic outbreak both in terms of infection control and service continuity. Information is captured under headings such as:

- What should I do *now* to ensure good infection control measures?
- What is the current information about the use of antivirals?
- What if I get sick?
- What about my staff?
- How can I maintain essential services?

The guides are being disseminated to 34,000 family physicians across Canada in the May issue of *Canadian Family Physician*.

The Public Health Agency of Canada provided funding for this project.

For more information, please visit www.pandemic.cpha.ca or contact Brenda Bacic at bbacic@cpha.ca. ■



Invitation to Submit Resolutions

For Consideration at the CPHA Annual General Meeting in Ottawa, Ontario
17 September 2007

Canadian Public Health Association members are invited to submit resolutions for consideration at the 2007 CPHA Annual General Meeting (AGM).

The CPHA Board of Directors is attempting to align the resolution process with the strategic directions and response capacity of the organization in order to maximize the impact of the resolutions submitted for consideration at its annual general meetings.

DEADLINE	**4 May 2007**

PRIORITY RESOLUTION TOPICS
In 2006, CPHA members were asked to identify national areas of priority for public health. Based on this feedback, discussions with CPHA's Advisory Council and strategic directions established by the Board of Directors, resolutions are particularly welcomed in the following areas:

1. **Public Health Infrastructure and Capacity**
   - **Public Health Human Resources**
   - **Public Health Financing**
2. **National Policies re: Social Determinants of Health**
3. **Climate Change and Public Health**

Full information about and directions for the submission of resolutions may be found on the CPHA website at: http://www.cpha.ca/english/policy/resolu/submit.htm. Guidelines for writing resolutions and samples are also available at this site. If you do not have internet access, you can contact the CPHA National Office (contact information is below).

CPHA Resolution Forms must be used. Signed submission forms may be faxed or mailed in.

Members should submit complete resolutions via e-mail or other electronic method by stated deadline.

All proposed resolutions will be reviewed by the Board of Directors and the Board will decide whether or not the submitted resolutions will be accepted for presentation to the members attending the general meeting of the Association. Submitters will be informed of the Board's decision and rationale (in the case of submissions not accepted for presentation).

Motions for action from the floor to be presented at an AGM must be submitted to the Chair of the Board 48 hours prior to the AGM. In consultation with the Chair Elect and one other Board member, the CPHA Chair will inform the proposers if the motion is accepted. The Chair will waive the 48-hour requirement in the case of an emergency.

Please note that a proposed resolution will not be presented at a general meeting unless the Chair has been provided with the name of the individual who will speak to the proposed resolution.

Prior to submitting your resolution, please check http://www.cpha.ca/english/policy/resolu/submit.htm for guidelines and requirements.

To contact the National Office or to submit proposed resolutions:
Resolutions-CPHA National Office
400 – 1565 Carling Avenue, Ottawa, ON, K1Z 8R1
Phone: 613-725-3769 ext. 183
Fax: 613-725-9826
E-mail: 2007AGM@cpha.ca

CPHA 2007 Resolution Submission Form

Members (2 names):

NAME

ADDRESS

CITY, PROVINCE, POSTAL CODE

TELEPHONE (WORK) FAX (WORK)

TELEPHONE (HOME) FAX (HOME)

EMAIL

SIGNATURE

Do you have business interests in this resolution?
☐ Yes ☐ No
If yes, please attach brief explanation

NAME

ADDRESS

CITY, PROVINCE, POSTAL CODE

TELEPHONE (WORK) FAX (WORK)

TELEPHONE (HOME) FAX (HOME)

EMAIL

SIGNATURE

Do you have business interests in this resolution?
☐ Yes ☐ No
If yes, please attach brief explanation

Have you provided an electronic version of your resolution?
Deadline for resolutions: 4 May 2007

Canadian International Immunization Initiative Phase 2 (CIII-2):

CPHA Immunization Project - Technical Assistance and Awareness Components

2007 - A quick peek at CIII-2...

During the past several months, the CIII-2 program has been very busy with its activities in meeting the requests of our global partners, carrying through with the recruitment and deployment of Canadian Technical Consultants, and increasing the awareness of Canadians on global immunization issues. Here's an update on a few things that the program has been busy with and what you can look forward to in 2007...

***Now available...* CIII-2 Debriefing Workshop Report & Brochure**

Following the CIII-2 Debriefing Workshop which took place last year in Gatineau from March 20-21, consultants and staff combined their efforts to find common objectives and indicators of success for various short-term missions completed in collaboration with WHO, PAHO, UNICEF and CDC. The recommendations put forward during the workshop were all well taken and will continue to be very useful in the future planning and development of the CIII-2 program.

The workshop was successful in providing a formal debriefing to all attending CIII participants; based on these recommendations and discussions, CIII-2 is currently in the process of developing a *Briefing Brochure* for this spring which will be distributed to CIII-2 Technical Consultants to assist them in preparing for a successful international experience. The intention of this brochure is to advise and prepare Canadian health professionals before their departure about the types of personal and professional challenges they may encounter based on the experiences and comments of past consultants.

***Ongoing...* CIII-2 Partnerships with Public Health Associations**

One of CIII's priorities is to strengthen the national social mobilization system in specific countries by establishing partnerships with the local Public Health Associations and pertinent NGOs in collaboration with the developing country's Ministry of Health. During the past year, the project has established new partnerships with the Niger and Ethiopian Public Health Associations to increase vaccination coverage through strengthened social mobilization. Two CIII Technical Consultants were selected and sent to visit each country last summer to meet with the partners in order to assess their needs and help in the preparation of project proposals. The main objectives of these projects include:

- increasing the commitment of community leaders (political, social and religious) towards immunization,
- supporting target groups using community social mobilization and outreach by identifying their needs regarding the challenges they face with respect to immunization,
- supporting the training and use of health care staff/workers, and
- assisting in achieving the national objectives concerning vaccination coverage for specific multiple-dose antigen vaccines.

In Niger, the project will focus mainly on strengthening the EPI system in three priority districts in the region of Tahoua; these three districts are characterized by low vaccination coverage rates. A Contribution Agreement between the Niger Public Health Association and CPHA was signed in September 2006 and project activities commenced. Likewise, CIII-2 is pleased to announce that in January 2007, the Ethiopian Public Health Association signed a Contribution Agreement with CPHA to work closely with two strategic educational institutions: Gonder University in the north and Haramaya University in the east of Ethiopia, on improving EPI coverage through the involvement of Graduating Health Care Professionals and Practicing Health Extension Workers. Although relatively simple and involving only a small amount of funding to a limited group of students, this pilot project can potentially have a big impact on improving vaccination coverage in Ethiopia, and CIII-2 is very excited to be collaborating in this venture.

***Coming soon...* CIII-2 On-line Canadian Technical Experts' Database**

During the past few months, CIII-2 has been in the process of working with an external company on the production of a CIII-2 On-line Technical Experts' Database to increase Program Recruitment and enhance the accessibility of Canadian Technical Expertise.

Such a database would be available to all health professionals who are interested in recruitment via the CIII-2 website and would serve as a search tool for the Global Partners to access Canadian experts in specific fields of skills and knowledge. It is envisioned that this database will streamline the application process, reduce workload on internal program staff, improve responsiveness and increase functionality of the application and recruitment process.

The anticipated launch date for the On-line Database is late Spring 2007 – for more information, please refer to the website! ■

Developing National and Regional Capacity and Competence in Tobacco Control

Canada is widely recognized as one of the world's leading countries in tobacco control. This leadership encompasses policy innovations (e.g., picture-based package warnings and display bans), research and NGO-government collaboration. Canada also played an important role in promoting the use of international law to achieve better tobacco control, through the Framework Convention on Tobacco Control (FCTC) process. Canada is one of a handful of countries in which both NGOs and government agencies have made an effort to encourage tobacco control in developing countries.

The Canadian Global Tobacco Control Forum (CGTCF), formed in early 2005, brings together in an informal coalition several Canadian health organizations experienced in international tobacco control: CPHA, Physicians for a Smoke-Free Canada, Healthbridge (formerly PATH Canada), Heart & Stroke Foundation, Canadian Lung Association, la Coalition québécoise pour le contrôle du tabac, the Non-Smokers' Rights Association, and the Canadian Cancer Society (joined in 2006). The CGTCF facilitates the sharing of ideas and experiences and a more consultative approach to assisting each organization's overseas partners in their efforts to enhance their effectiveness in tobacco control.

With funding from Health Canada in 2005, the CGTCF provided financial and technical support to activities related to enhancing tobacco control alliance-building in Burkina Faso, Congo-Brazzaville, Mozambique, and Niger; building technical knowledge and skills for tobacco control within organizations in Cuba, Brazil, Peru, Mexico, and Colombia; and strengthening regional action to increase political will and commitment within countries for the ratification and application of the FCTC through meetings with the Commonwealth Health Ministers. In addition, this project also supported the establishment of collaborative partnerships on tobacco control with key agencies in China.

Based on the success and achievements of last year's initiative, the CGTCF, again with financial support through Health Canada, is focusing its efforts on working with local NGOs to assist them to scale up their tobacco control efforts. Through this initiative, CPHA is working with public health associations in Burkina Faso, Niger, Mozambique and Tanzania, assisting them in putting into place smoking prevention and cessation programs for young people, as well as creating a regional coalition of PHAs and conjoint action on tobacco control issues in the east, central and southern Africa region. The results of their efforts will be reported on later this year. ■

New faces within Global Health Programs

The past several months have felt as though a revolving door had been installed at the entrance to the GHP section of CPHA's national office, with several veteran staff departing (as reported in the previous issue of the Health Digest), and new staff arriving. To keep CPHA members up to date on who's who, here's a summary about staffing within GHP:

Strengthening of Public Health Associations (SOPHA) Program

A new 5-year phase was launched in November 2006. Violette Pedneault, formerly the Coordinator for the Developing Community Competence in HIV Prevention in Southern Africa project (formerly called the Southern African AIDS Training (SAT) Programme), was promoted to Director of the SOPHA Program. She assumed her new responsibilities in January, and was joined shortly thereafter by Manjula Alles and Andres Canessa, both Project Officers with the SOPHA Program. The SOPHA team was completed with the arrival in early February of Catherine Molina as the Project Assist[illegible] Between them, Manjula, Andres and C[illegible]nerine have considerable professional experience with a variety of NGOs and agencies in Canada and overseas.

Canadian International Immunization Initiative – Phase 2

Louise Cormier (CIII-2 Coordinator), Meriam Abdel-Messih (CIII-2 Project Officer) and Lynne Gibbons (CIII-2 Assistant, and a long-time GHP staff member with a vast knowledge about how things work in our department!) were joined by Gaby Jabbour, who began his new career as Senior Program Officer for CIII-2 in December. Gaby, a lawyer by training (he possesses multiple academic degrees), worked for International Volunteers for Urology before joining CPHA.

Strengthening Civil Society's Voice for Public Health through Public Health Associations in the Balkans

This project wins the award for the longest title! Joe Devlin, who resigned last summer as the Project Director to pursue graduate studies at the University of York in the UK, was replaced on an interim basis by Cheryl Boon. Cheryl was the Coordinator for the Reproductive and Family Health Project in Zambia, which wound up in August. Cheryl achieved much during her short tenure, and, to our regret, left CPHA to join Oxfam Canada at the end of January (our loss, Oxfam's gain). CPHA recruited Geza Radu as the new Balkans Project Director, who, shortly after assuming this post in early February, was deployed to work full-time in the Balkans region. He is posted to CPHA's project office in Sarajevo, Bosnia & Herzegovina. Geza brings considerable overseas experience with the Canadian

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Building Community Competence to Respond to HIV and AIDS, One Group at a Time

This article was prepared by members of Kimara Peer Educators and Health Promoters, in association with SAT and CPHA

Contrary to the claim by the recently-released Senate report assessing the impact of Canadian aid in Africa, Canada's assistance to Africa is far from being a failure. Progress is being made, step by step. Kimara Peer Educators and Health Promoters is one among dozens of "success" stories about organizations supported by the Southern African AIDS Trust (SAT). Its achievements are testimony to the efforts of thousands of people who contribute to putting into place effective responses to HIV and AIDS that address and help mitigate the impact of this disease in southern African communities.

The organization Kimara Peer Educators and Health Promoters (known as "Kimara") began in 1992 when a group of friends – six women and two men – met to discuss how they could respond to the HIV epidemic that was starting to affect their community. They lived in Kimara, a low-income neighbourhood of Kinondoni, a municipality located on the northern outskirts of Dar es Salaam, Tanzania. All were affected in some way by HIV, whether directly or through family members, neighbours or friends.

Kimara's founding members had no professional skills or experience relating to HIV and AIDS. Their major asset was a common vision, interest and motivation to have a community that would be informed about HIV and AIDS and empowered to respond to the pandemic effectively and over the long term. Kimara's objective is to reduce the incidence of HIV and STI transmission among highly sexually active population groups by providing information, counselling, care and support for people infected and affected by HIV and AIDS in Kinondoni through peer educators.

When Kimara was formally registered as an NGO in 1996, talking about HIV and AIDS in public was difficult. It was deemed a very sensitive issue, almost unmentionable. HIV and AIDS were associated with "immoral behaviour" or witchcraft. Kimara realized that they were unable to deal with this on their own without better knowledge and skills. They sought the assistance of Faraja Trust Fund, an organization already partnering with SAT as a *School Without Walls* national coordinating partner. SAT's *School Without Walls* initiative is a learning process that gives direct support and connects organizations with other groups working in the same field. Thus began a long period of collaboration between SAT and Kimara.

Over the subsequent 10 years, Kimara implemented several innovative activities:

- STI and HIV prevention through information dissemination, including the distribution of printed materials and condoms and peer education through dance and song advocating behaviour change;
- Home-based care and support for children, with Kimara staff and volunteers trained to offer home-based care for bedridden community members and children infected and affected by HIV and AIDS;
- Voluntary counselling and testing through trained counsellors and home-care providers, with voluntary HIV testing carried out at Kimara's offices;
- Skills enhancement for Kimara staff and volunteers focusing on community mobilization, survival skills, caring for the terminally ill, basic counselling and peer-to-peer support; and,
- Development of training materials in support of Kimara's work in the communities and among its peers.

What are the results? Kimara has evolved from an emerging, fragile community-based organization (CBO) into a dynamic one that has taken the lead in providing much-needed HIV prevention and AIDS care and support programs, skills training for community members and advocacy activities on HIV and AIDS issues. It has mentored the transition of its community satellite centres into independent registered community-based organizations. Within 4 years of joining SAT's SWW programme, Kimara has expanded its programmatic reach to cover 17 out of the 27 Wards within Kinondoni District. Kimara is now the lead agency of the Kinondoni District Cluster, a group of 13 NGOs that have developed peer education materials in Swahili, including a Swahili training manual on home-based care and toolkit.

This is what community development and capacity building is about. It is not a "quick-fix", "one-size-fits-all" approach. It is a process that takes considerable time and effort, to build a strong community-based foundation upon which the bricks of action are laid one by one. The end result is a community able to respond to HIV and AIDS and take care of its own members. ■

SAT is a regional CBO/NGO support organization which began in 1990 as the 'Southern African AIDS Training Programme', a project funded by the Government of Canada through the Canadian International Development Agency (CIDA) and implemented by the Canadian Public Health Association (CPHA). In December 2003, SAT transitioned to become a regional non-governmental organization under the new name of Southern African AIDS Trust (SAT). It currently receives funding from Canada, the Netherlands and Sweden. SAT's Regional Secretariat is located in Johannesburg, South Africa.

SAT's goal is to increase the HIV and AIDS competence of communities. SAT supports community responses to HIV and AIDS through partnerships in five countries of southern Africa and wider networking, skills exchange and lesson sharing throughout the region. SAT funding, skills building and lesson sharing activities support partners in a wide range of relevant activities - HIV prevention, care and support, PLWHA support groups and networks, impact mitigation, networking and information exchange, HIV-related advocacy on gender and human/child rights. Currently, SAT provides financial and technical support to 119 NGO/CBO partners in five countries (Malawi, Mozambique, Tanzania, Zambia and Zimbabwe).

For more information about SAT, visit its website at: www.satregional.org

New SOPHA Program 2006-2011 Starts with Strengthening of Regional Networks in Africa

The Strengthening of Public Health Associations (SOPHA) program is in full swing in its new phase for 2006-2011. Since 1985, SOPHA has been contributing to poverty reduction and sustainable development through national Public Health Associations (PHAs) around the world. In this new phase, the SOPHA program and its partners will focus on *strengthening the public health workforce to achieve the Millennium Development Goals* (MDGs) as its core theme.

As SOPHA has a staggered project partner profile, PHAs in Congo-Brazzaville, Haiti, Malawi, Mozambique, and Niger from the 2001-2006 phase will continue into the present phase. The main priority is to support partners to improve their capacity with respect to five components of organizational and performance capacity: *Governance and leadership; Mission, vision and strategy; Activity and project delivery; Resource development; Internal operations and management.*

This phase of SOPHA will also include collaborations with previous program graduates: Burkina Faso (ABSP) and Costa Rica (ACOSAP). They will be mentoring two new partner PHAs from Francophone Africa and Latin America into the SOPHA program.

One way to strengthen the public health workforce is to reinforce links between public health actors sharing common vision, reality, and objectives. In January 2007, the Canadian International Development Agency (CIDA) committed additional resources to the SOPHA program to revitalize two regional Public Health Association networks for Anglophone and Francophone Africa.

This short initiative seeks to unite Africa's public health movement through experience sharing and collaborations. Two SOPHA program graduates – the *Association burkinabé de santé publique* (Burkina Faso PHA) and the Uganda National Association for Community and Occupational Health (UNACOH) – will be hosting two workshops bringing together PHAs in Francophone and Anglophone Africa in April 2007. With support from the SOPHA program, Dr. Mathias Somé (ABSP) and Dr. D.K. Sekimpi (UNACOH) are taking the lead in organizing these workshops with the aim of creating a new Francophone region PHA network, and revitalizing the dormant East, Central, and Southern Africa Public Health Association (ECSAPHA). Dr. Somé and Dr. Sekimpi will be presenting the outcomes of both workshops at the May 2007 WFPHA annual meeting to be held in Geneva. ■

New Faces, from page 10...

Co-operative Association (CCA) in organizational development. His field team includes Nole Novakovic, the project's Administrative Officer (Nole worked with CPHA during the previous phase of the Balkans public health project) and Dr. Stela Stojisavljevic, the project's Public Health Technical Officer. Nole is based in Belgrade (Republic of Serbia) and Stela in Banja Luka (Bosnia & Herzegovina). They are assisted and supported by Pauline Kirkwood, the team's Ottawa-based Project Assistant, who worked with CPHA National Programs before joining our team in late 2005.

Intersectoral Action for Health (Brazil)

Through an inter-organizational agreement with the Institute for the Development of Social Investment (IDIS) of Brazil, CPHA is retaining the services of Helena Monteiro (many of you may remember her, as Helena was the Coordinator for the previous CPHA project in Brazil, Health Promotion in Action) as the project's Coordinator. Helena is based in Sao Paulo, which facilitates her working closely with the project's two primary partners, the National School of Public Health (ENSP) and ABRASCO, Brazil's national public health association. She is assisted by an Ottawa-based Project Assistant, Gisèle Cannalonga.

Developing Community Competence in HIV Prevention in Southern Africa

A new Coordinator for this project was recruited following Violette's promotion to Director of the SOPHA Program. Tariq Bhanjee, who served as a Junior Program Officer for HIV/AIDS with UNICEF in Namibia and also worked with Plan Canada (formerly Foster Parents Plan of Canada) as their HIV/AIDS technical officer, joined CPHA on March 5. Barbara Kruger provides administrative support to Tariq and the project as the Project Assistant (Barbara, like Lynne, is a GHP veteran).

The GHP team possesses vast collective knowledge about international public health and community development, and its members bring with them a wide range of skills, experiences and competencies. We also benefit from having a multilingual staff from several different countries of origin who share a common vision: to alleviate poverty and create a better world for all through a public health approach. It is a great team.

Jim Chauvin
Director, Global Health Programs

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